FOR INSTRUCTIONS, SEE BACK OF FORM	NO ARITY	FORM	SIAIEMENI
CHECK ONE: IA LIMIT	IS AND	DR-1	OF
In this is an initial* Statement of Organization	Reset Form	(Rev. 07/2009)	ORGANIZATION
This is an amended* Statement of Organization	GENERAL STREET, STREET	For Office Use (	Intv
		Comm. #	7.53
"An initial Statement of Organization must be filed within 10 days of the commit making expenditures, or incurring indebtedness exceeding \$200 Amendment	s must be filed within 30 days of	Indexed	
a change. Penalties may be imposed for late-filed Statements of Organization		Audited	
committee that exceeds \$750 in activity for another office shall file within 10 da	· · · · · · · · · · · · · · · · · · ·	Computer	
DR-1 disclosing information concerning the campaign for the new office sough	<u> </u>		
COMMITTEE NAME   1 (A candidate's committee must include the candidate's last name in the name of the committee.) If amending committee name, put old name in ( ).			
			22
Jon Kruse for Ma	48Y		<b>5</b>
IMPORTANT: Indicate type of committee you are reporting for:	f		<b>8</b> 5≥ 1
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)Statewide PAC (3)State Party (4)County Central Committee			
(5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC			
(10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot Issues)			
	COMMITTEE CHAIR (mandal		and Market Transport
COMMITTEE TREASURER (mandatory for all committees)	Name ↓ ↓	dry except for a c	
Name + Wice	мане Ф Ф		<b>⊘</b> ≥
Mailing Address	Mailing Address 1 1		. 5
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City, State + + Zip Code + +	City, State ↓ ↓ Zip Code ↓ ↓		<b>6</b>
Storm Lake, FA 50588	Ony, class V V dip over V V		\$200
Phone (7/2) 732-2796	Phone ( )		
e-Mail Krusere iw.net	e-Mail		
INDICATE PURPOSE OF COMMITTEE - Check One Box Advoc			
Comment or description:		vocate against ball	ot issue(s)
Comment or description:  All Candidates Enter: Mayer  Office Sought: Mayer	County/Local Candidates an	d Local Ballot Co	mmittees Enter:
Office Sought: MAYAY	Bue 1/	cta	í
	County: I County: (If active in multiple ballot issu	- elections attach	list of counties
Political Party (if applicable)	(if active in multiple ballot issu	e ejections, auacii	ist of coulines
District:		/n 9	i i
I Diau ici.	Date of Flection: "V/ //	$\boldsymbol{\nu}$	1
Vear Standing for Election: 2009	Date of Election:	<u> </u>	
Year Standing for Election: 2009		rent Entity (PACs	if applicable),
Year Standing for Election: 200 9  Bank Account Name (must match committee name)	Candidate name & Address or Pa	rent Emity (PACs	
Year Standing for Election: 2009  Bank Account Name (must match committee name)	Candidate name & Address or Pe	Miate, or Sponso	
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Year Standing for Election: 2009  Bank Account Name (must match committee name)  All campalone x masses paid from personal Sunds  Name of Financial Institution/type of Account	Candidate name & Address or Per	State	
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Year Standing for Election: 2009  Bank Account Name (must match committee name)	Candidate name & Address or Part Address or Pa	State 1 1 2786	Zip 1 1 50588
Year Standing for Election: 2009  Bank Account Name (must match committee name)  All campation 2 x houses paid from persons Sunds  Name of Financial Institution/type of Account  Mailing Address  City	Candidate name & Address or Part Address or Pa	State 1 1 2786	Zip 1 1 50588
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